

The importance of being fertile. A call for a more balanced approach towards reproductive health

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Abstract

The core business of reproductive health care in developing countries is HIV/AIDS, contraception and maternal care and not one single reproductive health care program is dealing with couples unable to reproduce. How strange to have on the one hand the *reproductive* medicine clinics in the resource rich countries focusing mainly on infertility care and on the other hand *reproductive* health care programs in resource poor countries not giving one single penny to infertility care. In this paper I am exploring the reasons for this unbalanced situation. It is clear from the facts and figures that infertility affects – often with devastating consequences – the lives of roughly one tenth of couples in developing countries. I argue that the neglect of infertility in the public health debate is caused by a mixture of ignorance (mainly by the international aid community) and tunnel vision, opportunism and a non-enlightened attitude of contempt for individual human rights. The prohibitive cost of IVF is contributing to this neglect as well. At present promising low cost IVF techniques are being developed and could potentially make IVF available at a cost accessible for a much larger part of the world population. With the latter becoming available, there should be no impediment for infertility care to become integrated into mainstream reproductive health care in developing nations. Reproductive rights advocates can no longer justify the systematic exclusion of one tenth of couples from the right to decide freely if, when and how to reproduce.

Key words: Reproductive health, reproductive rights, infertility care, developing countries, public health, simplified IVF.

Different definitions of reproductive health?

Looking at *reproductive* health care worldwide one cannot help to notice a very warped situation. In the so called developed parts of the world *reproductive* medicine is a branch of medicine dealing with management of reproductive problems, with most of the reproductive medicine clinics focussing on treating infertility. In the so called developing parts of the world the word *reproductive* health care is more often used, with most of the reproductive health care programs dealing with maternal health and family planning excluding in most cases infertility care. It seems that reproductive health is defined entirely differently in those two worlds.

Therefore let's have a look first at the definition proposed by the World Health Organisation (WHO): '*Reproductive health addresses the reproductive processes, functions and system at all stages of life.*

Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do.' Hence, there is no reason to assume that the WHO excludes infertility from reproductive health.

Care of the reproductive processes in all stages of life include a wide array of topics such as sexual education, HIV/STI prevention and care (including cervical cancer screening), infertility care, family planning, maternal care (including antenatal care, peri- and postpartum care) post abortion care and prevention and care of gender based violence.

In most of the resource rich countries with well developed health systems the different aspects of reproductive health care are provided by a network of general practices, midwives and gynaecological inpatient and outpatient services. Since the second

half of the twentieth century couples from these well developed areas can carefully plan their families with an availability of an ever increasing array of contraceptive methods and can deliver their well planned babies in safe and healthy circumstances. However until the eighties modern medicine did not have an adequate answer for those incapable to reproduce until the technique of IVF revolutionised the management of infertility. Nowadays reproductive medicine assists an ever increasing number of infertile couples to produce the so-desired offspring. In many countries these procedures are part of the public health system and funded by tax money. It seems that infertility care has gained an important place in the reproductive health agenda in these parts of the world.

The core business of reproductive health care in developing countries is HIV/AIDS, contraception and maternal care. Maternal deaths, cervical cancer, HIV/AIDS, unsafe abortions continue to kill thousands of women every day and many couples also face unwanted or unplanned pregnancies because of unmet needs for contraception. These countries have very weak national health systems and rely often on donor funding for their reproductive health programs. A recent survey of the largest international reproductive health organisations revealed that not one of them dealt with couples unable to reproduce (Ombelet, 2011).

How strange to have on the one hand the reproductive medicine clinics in the resource rich countries focusing mainly on infertility care and on the other hand reproductive health care programs in resource poor countries excluding systematically infertility care. There must be a very good reason for it.

There must be good reason for excluding infertility care...

The most obvious reason would be that infertility is no such problem in developing countries because it occurs rarely and/or if it does, it is not perceived as problematic. This would obviously justify the use of resources for other matters such as malaria, HIV/AIDS etc...

But looking at the figures one has to conclude that infertility is anything but less prevalent in resource poor countries, in some regions it is even more prevalent. Recently, the WHO performed a systematic analysis of 277 health surveys and estimated that worldwide 48.5 million couples are suffering from infertility; half of these couples are living in Sub-Saharan Africa (SSA) and South Asia (Mascarenhas et al., 2012).

Could it be that infertility is not such an issue for people in developing countries? There are a number of social research reports on this issue and they all conclude unanimously that infertility is having profound and often devastating effects on the lives of people involved (Dhont et al., 2011; Dyer et al., 2002, 2004; Gerrits, 1997; Nahar et al., 2000; van Balen and Bos, 2009). The value of children pertains not only to personal happiness and fulfilment but also to wider issues such as the 'raison d'être' of marriages and partnerships, social status, continuity of family lines, social security, etc.... many authors have argued that the problem of infertility has probably more severe consequences for the affected couples in resource poor countries than in resource rich countries.

So we have a serious reproductive health problem affecting one in ten couples on average but not one single penny of public or donor money spent on these couples.

Could it be that local governments are not aware of the problem of infertility? I find that hard to believe since most of them must have somebody in the family suffering childlessness and know the devastation it causes. And what about the international donor community and the development organisations are they aware of this problem? I am afraid that they might not be aware at all. The talk of the town in these communities, especially those involved in reproductive health, is the 'overproduction of children' and how this might impede the fight against poverty. I have personally been asked the question a million times by Westerners: 'Is infertility really a problem in these countries...?' Funnily enough it takes only a few minutes, showing simple facts and figures to convince most of these people that it is.

There is no good reason....

So ignorance could explain the attitude of the international aid community but what about local policy makers and researchers in resource poor countries all of them too well aware of the devastation infertility causes. Why there are no African leaders for instance pressing for more attention to this problem? A very obvious reason is that there is no donor money available for infertility care. Most of the global health funding has been directed towards the fight against HIV/AIDS, malaria and TB. Applying for these grants can bring a nice cash flow into the country. Money for reproductive health is scarcer and if available the issues of maternal mortality and family planning are the first in line. There is not such a thing as a stream of funding for infertility care.

And maybe a certain way of thinking which is more typical for developing countries could also contribute to the silence surrounding this problem: the idea that the individual has only meaning as part of a bigger unity and that the individual needs are subordinate to the interests of the group. After all, creating more children in an environment of scarcity is not a good idea. But I don't expect western donors, policy makers and researchers to adhere to this philosophy which is the opposite of our modern western principle of individual freedom and human rights. This western paradigm is reflected by the declaration issued by the international conference on population and development in Cairo 1994 stating (UNFPA, 2005): *population is not about numbers, but about people. Implicit in this rights-based approach is the idea that every person counts.* Although the right to produce offspring is nowhere to be found in this declaration they do mention the right to decide the number of children, as we can find it in the WHO definition mentioned above. If a couple decides to have one child but cannot have any it seems that their right to decide the number of children is violated. This declaration, signed by many developing countries went on to inform the eight millennium development goals. Millennium development goal five is about improving maternal health (the target is to lower maternal mortality rate) and achieve universal access to reproductive health (the target is to decrease unmet need of family planning, increase contraceptive prevalence rate, decrease adolescent birth rate and increase antenatal care coverage). Infertility care is not mentioned in these millennium development goals at all.

I believe that the neglect of infertility in the public health debate is caused by a mixture of ignorance and tunnel vision, opportunism and a non-enlightened attitude of contempt for individual human rights. Infertile couples in resource poor countries face a triple exclusion first from their local communities because an individual has no meaning without family, second from their local governments because donor cash flows dictate the agenda and not the suffering of individuals and finally they face the ignorance (or worse maybe: hypocrisy) of the western donor and humanitarian aid community.

But the fight to put infertility on the international public health agenda is not merely a fight against ignorance and a fight for reproductive health rights.

We know that for a neglected problem to get on the public health agenda of international organisations or policy makers, two prerequisites have to be fulfilled: the health problem has to cause great harm and inequity and the health problem needs an available and affordable treatment. You cannot expect organisations and governments to invest in lost

cases. Up till now the most effective infertility treatment consists of expensive IVF/ICSI technologies which come at a prohibitive cost. It comes to no surprise that governments or international aid-organisations are currently not investing in this technique.

However, at present promising low cost IVF techniques are being developed and could potentially make IVF available at a cost accessible for a much larger part of the world population. Recently a breakthrough was realised with the low cost culture method developed in the Genk Institute for Fertility Technology (Van Blerkom et al., 2013). A proof of principle study demonstrated high success rates with this simplified IVF method, at a cost which could be only 10% of current IVF methods.

Conclusion

I cannot help to believe that one day, if the world wakes up to this problem – and if we keep knocking on the doors with the bare facts and figures I don't see why they won't- and if affordable solutions become operational, infertility care will become integrated into mainstream reproductive health care in developing nations. This achievement has the potential to give dignity not only to more than 20 million couples but also to give dignity to reproductive health care programs and organisations. Family planning cannot be complete without helping to plan families for those who cannot have them. Reproductive rights advocates can no longer justify the systematic exclusion of one tenth of couples from the right to decide freely if, when and how to reproduce.

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References

- Dhont N, van de Wijgert J, Coene G et al. 'Mama and papa nothing': living with infertility among an urban population in Kigali, Rwanda. *Hum Reprod.* 2011;26:623-629.
- Dyer SJ, Abrahams N, Hoffman M et al. 'Men leave me as I cannot have children': women's experiences with involuntary childlessness. *Hum Reprod.* 2002;17:1663-1668.
- Dyer SJ, Abrahams N, Mokoena NE et al. 'You are a man because you have children': experiences, reproductive health knowledge and treatment-seeking behaviour among men suffering from couple infertility in South Africa. *Hum Reprod.* 2004;19:960-967.
- Gerrits T. Social and cultural aspects of infertility in Mozambique. *Patient Educ Couns.* 1997;31:39-48.
- Mascarenhas M N, Flaxman S R, Boerma T et al. National, regional, and global trends in infertility prevalence since 1990: a systematic analysis of 277 health surveys. *PLoS Med.* 2012;9:e1001356.

- Nahar P, Sharma A, Sabin K et al. Living with infertility: experiences among Urban slum populations in Bangladesh. *Reprod Health Matters*. 2000;8:33-44.
- Ombelet W. Global access to infertility care in developing countries: a case of human rights, equity and social justice. *F,V&V in ObGyn*. 2011;3:257-266.
- UNFPA. Programme of action adopted at the international conference on population and development in Cairo 1994. UNFPA report, 2005.
- van Balen F, Bos HM. The social and cultural consequences of being childless in poor-resource countries. *F,V&V in ObGyn*. 2009;1:106-121.
- Van Blerkom J, Ombelet W, Klerkx E et al. First Births with a Simplified IVF Procedure. *Reprod Biomed Online*, in press.